



Medicare Beneficiary Customer Service Program & HORIZONS Project

HCFA Center for Beneficiary Services

August 8, 2000

Medicare Providing Culturally & Linguistically Appropriate Customer Service Workshop

REPORTS

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448
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Health Care Financing Administration

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**Medicare
& You**



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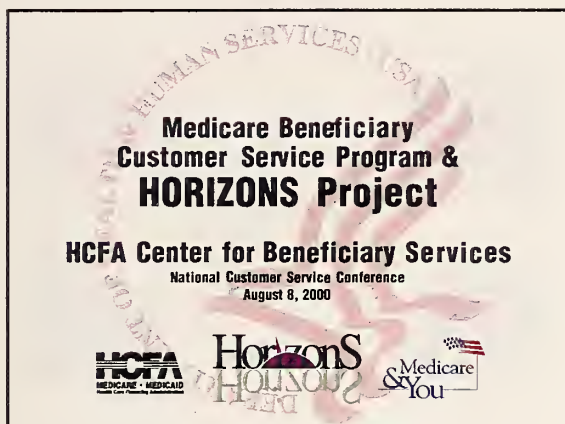
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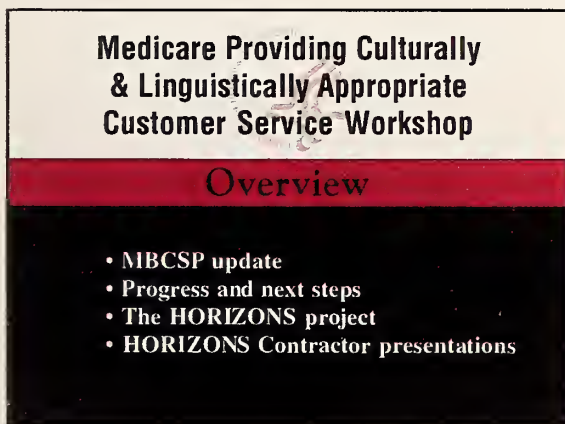


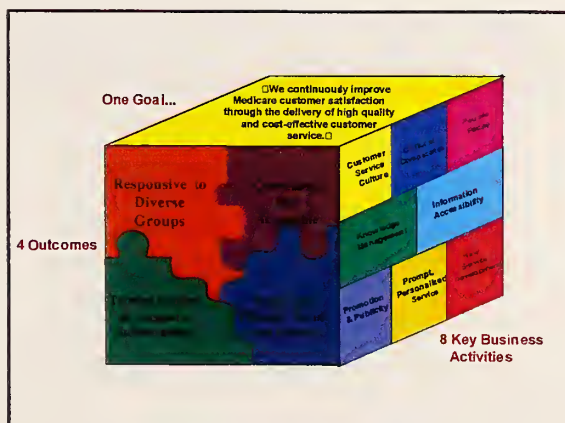
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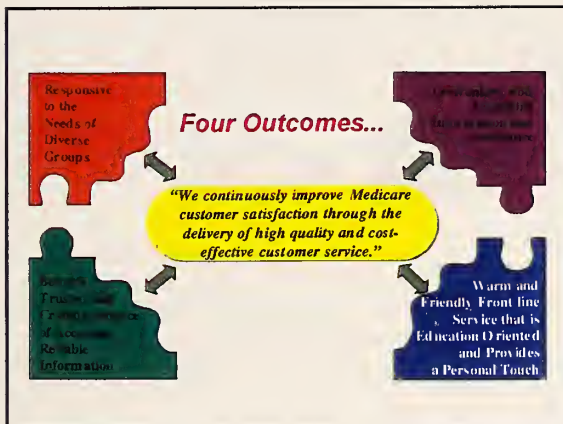


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Eight key business activities take the strategy from theory to application:

CUSTOMER SERVICE CULTURE
Internal (collaborative) and external (beneficiary) customer service. Provides the fertile soil for specific customer service initiatives to take root and grow.

PEOPLE FOCUS
Recognizing, training, and reward/reinforcing of employees with excellent customer service skills. Impacts employees at the Central Office, Regional Office, Contractor, and Grantee level.

PROMOTION AND PUBLICITY
Developing and distributing accurate and understandable informational and promotional materials to beneficiaries.

INFORMATION ACCESSIBILITY
Focuses on beneficiary initiated access to HCFA related materials through multiple channels (i.e., telephone, face-to-face, Internet, media).

CULTURAL COMPETENCE
Ensuring sensitivity and understanding of diverse populations.

PROMPT, PERSONALIZED SERVICE
How front line Medicare employees and representatives interact with beneficiaries.

KNOWLEDGE MANAGEMENT
Enables personnel to acquire, share, and leverage organizational knowledge to better serve beneficiaries.

NEW SERVICE DEVELOPMENT
Shortening the cycle time from the need identification to the implementation of a service.

Next Steps



- Develop agency-wide customer service training
- Set customer service standards
- Monitor progress and measure performance
- Document and share accomplishments HCFA-wide



Health Outreach Information Zeroing in On Needs

Horizons Mission

To enable HCFA to develop and conduct culturally and linguistically appropriate communication and assessment activities for Medicare+Choice and related programs.



Populations to be Served

- African American
- Hispanic American/Latino
- Asian American & Pacific Islander
- American Indian & Alaskan Native




Outcomes Desired

- Adaptation of existing Medicare information so that it is understandable and accessible to populations that experience barriers to healthcare information.



Outcomes Desired

- Utilization of the most effective information dissemination strategies for reaching the target populations: Who? What? When? Where? How? Why?



Project Period

- **Project Time frame:**
October 1999 through
October 2001

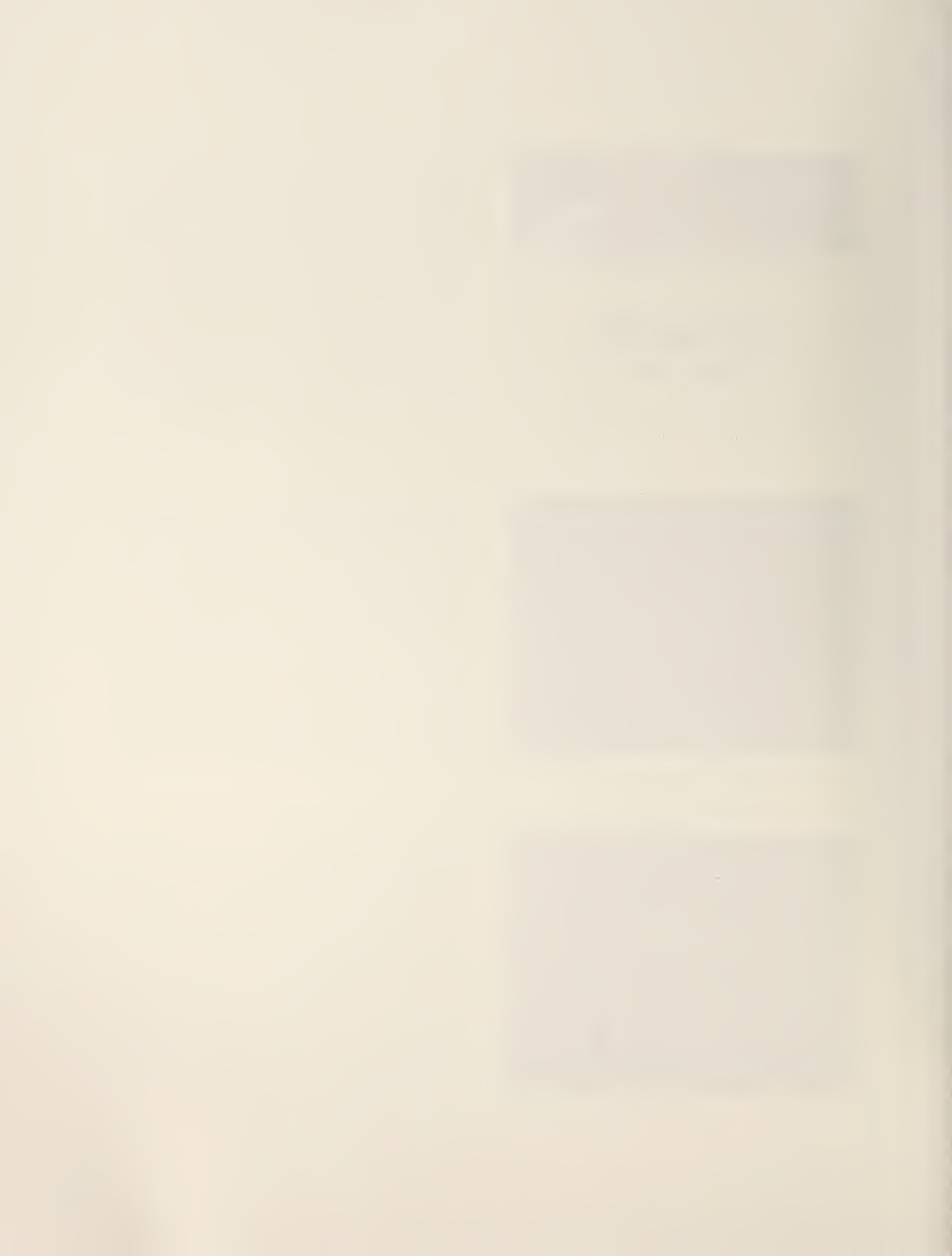
Contractors

Three 8a minority-owned companies:

- **The Helix Group** – targeting African Americans
- **Cutting Edge Communications** – targeting Hispanic Americans

Contractors

- **Magna Systems, Inc.** – targeting Asian Americans & Pacific Islanders and
- **National Indian Council on Aging (NICOA)** – targeting American Indians & Alaskan Natives (through a separate contract between the Denver RO and NICOA)



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**Medicare Beneficiary
Customer Service Program &
HORIZONS Project**

HCFA Center for Beneficiary Services
National Customer Service Conference
August 8, 2000



HORIZONS AAPI Project

Meeting Medicare Information Needs of the Rapidly Growing
Asian American and Pacific Islander Populations



Magna Systems, Inc.

Emilie Dearing / Project Director

August 8, 2000 • New York, New York

Why is it important to deliver a communications plan for target AAPI populations?

- AAPI populations are growing rapidly: from 1.5 million AAPI residents in 1970 to over 11 million in 2000.
- The elderly AAPI population more than doubled during the 1990s.



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Why is it important to deliver a communications plan for target AAPI populations?

- The AAPI communities include severely disadvantaged populations.
- Regardless of income, AAPI residents underutilize health care services.



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Major Asian Concentrations By State



Why is it important to deliver a communications plan for target AAPI populations?

- Despite above-average income and education, and long residence in the U.S., Japanese Americans as a group are significantly less likely than other Americans to have regular physician contact.



Honors

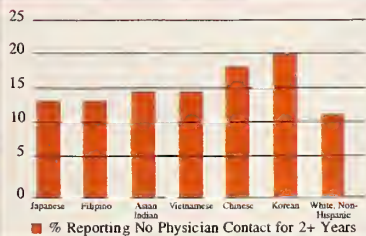
Why is it important to deliver a communications plan for target AAPI populations?

- Compared to other Americans, Korean Americans are nearly twice as likely to have no physician contact and three times as likely to have no health insurance.



Honors

Health Care Indicators for AAPI, 1992-94



Age-adjusted data indicate that AAPI are much more likely than white, non-Hispanic Americans to report no recent physician contact

Source: CDC, National Health Interview Survey, 1992-94

Honors

What are the barriers to communication to AAPI Medicare beneficiaries?

- Language is a barrier especially for thousands of immigrants from Korea, China, and Southeast Asia, and for people born in rural areas in U.S. Pacific Islands.

Honors



What are the barriers to communication to AAPI Medicare beneficiaries?

- Lack of familiarity with U.S. mainstream healthcare and health insurance.
- Cultural values that may affect the Medicare message.
- We do not know a lot about AAPI health care use and needs.

Honors



Who are the AAPI?

- The Big Three in terms of elderly population – Chinese, Japanese, Filipino (long-established, more than half of all AAPI, more than 70% of AAPI elderly).



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Hudson Valley

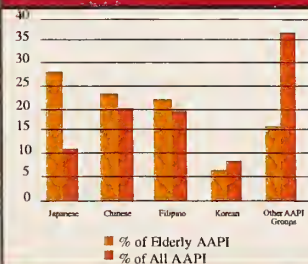
Who are the AAPI?

- The Recent Three – Asian Indians, Koreans, and Vietnamese (more than one million each).
- The Pacific Islanders – Native Hawaiians, American Samoans, and Chamorros. Most of these residents are U.S. citizens by birth.



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Percentages of Elderly AAPI



In 1993, over three-fourths of all elderly AAPI in the U.S. were associated with one of three ethnic groups: Japanese (29%), Chinese (24%) and Filipino (23%).

Source: U.S. Bureau of the Census (1993) U.S. Residents of Asia and Pacific Island (AAPI) summary, 1993.

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Who are the AAPI?

- Southeast Asian refugees – now including Indonesians, Malays, and Burmese, as well as refugees from Laos and Cambodia. Relatively few in number, but with significant needs. Religious organizations were often used to assist refugees funded by the Office of Refugee Resettlement, DHHS.



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Who are the AAPI?

- The majority of all AAPIs live in Hawaii, California, and the New York metropolitan area. Different ethnic groups have additional clusters of settlement (e.g., Asian Indian in central New Jersey, Filipinos in Chicago and Norfolk, VA; Montagnards in Greenville, North Carolina).



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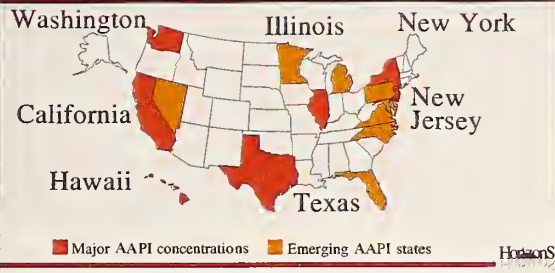
Asian Concentrations By State



■ Major AAPI concentrations

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Asian Concentrations By State



What are we doing?

- Compiling a user-friendly statistical report on the AAPI.
- Identifying communication channels in the TDR.
- Conducting original research on health-related communication needs and processes among the AAPI ethnic groups, through focus groups and opinion leader surveys.



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What are we doing?

- Planning a nationwide strategy for AAPI-specific Medicare information and outreach.
- Determining the best ways, e.g. print, radio, non-traditional marketing—to communicate information to the major AAPI groups.



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Results will be important for other recent immigrant groups with similar problems, including other ethnic populations, and immigrants from Eastern Europe and Arab countries.

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Targeting the Asian American and
Pacific Islander Medicare Beneficiary

Magna Systems, Inc.

MAGNA

Systems Incorporated

Emilie Dearing / Project Director

HORIZONS Project
Targeting the Hispanic Medicare Beneficiary



Cutting Edge Communications

Denise Herrera-Wieters / Project Director
August 8, 2000 • New York, New York

A Medically-Underserved Population

- High prevalence of Hispanics without health insurance during prime working age
- Majority of Hispanic elders rely solely on Medicare program



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A Medically-Underserved Population

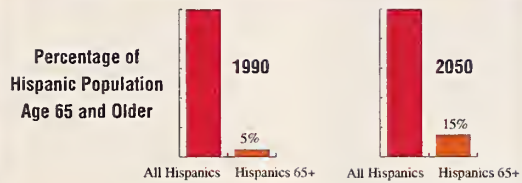
- Medicare provides a means of reducing health disparities



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Highlights of Targeted Demographic Report

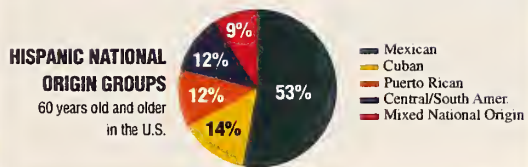
• Our Population:



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July 2007

Highlights of Targeted Demographic Report

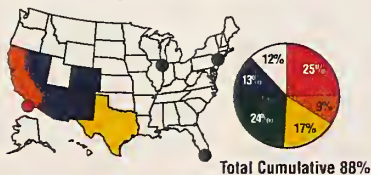
• Who we are:



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July 2007

Highlights of Targeted Demographic Report

• Where we live: Extreme Regional Concentration



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July 2007

Factors in Program Participation & Dependency

- Income - Median incomes for Hispanic elders are significantly lower than for Anglo (Non-Hispanic White) elders
- Labor Force Participation - Hispanic elders move out of the workforce rapidly as they age.

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Factors in Program Participation & Dependency

- Economic Dependency - Close residential proximity among Hispanic families is due in part to poverty and low wage jobs.
- Education - Elderly Hispanics are the most educationally-deprived of all elderly groups.

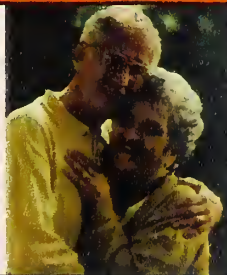
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Factors in Program Participation & Dependency

- Household Status - Living with a spouse is among the primary factors contributing to the support and independence of seniors.
- Health - Hispanic elders tend to perceive their health as more problematic than Anglo elders.

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What We Know

- Need for Basic Information
- Need Information in Simple Language
- One Spanish-Language



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Our Continued Research

- Methodology
- Testing of Existing Materials



HodacronS

Reaching Out

- Existing Information Channels
- Alternate Information Channels
- New Products



HodacronS

HORIZONS Project

Targeting the Hispanic Medicare Beneficiary

Cutting Edge Communications



COMMUNICATIONS, INC.

Denise Herrera-Wieters / Project Director

THE HELIX GROUP, INC.

**Targeting
African American
Medicare Beneficiaries**

HCFA
Health Care Financing Administration

HELIX

Start With Market Research

- Define the population's diversity in terms of socio-demographics and marketing data such as media and lifestyle preferences
- Describe the diverse values, attitudes, cultures, and life circumstances with this age-specific ethnicity

Define Existing Barriers Attitudes or Beliefs

- **Fatalism**
- **Future Orientation**
(i.e., health care-seeking attitudes)
- **Trust**

Define Existing Barriers Health Care or Health Status

- High prevalence of chronic conditions
- Many only use physicians for prescriptions and emergency treatment
- Care given to African Americans is below standard



Conducting Market Research Using Medicare Current Beneficiary Survey

- **Profile and Segment the Population**
- **Identify Targeted Education Strategies**
- **Develop and Test Approaches**

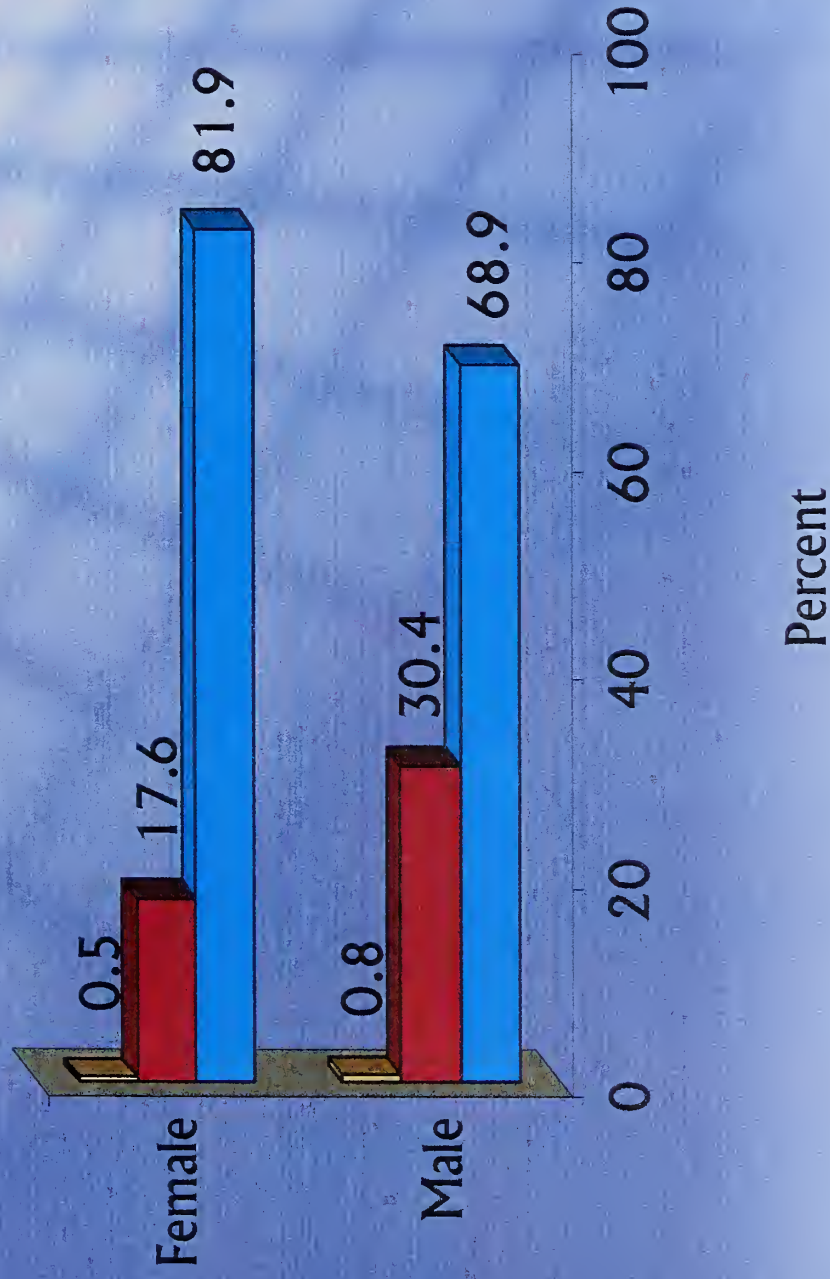


African Americans 65+ Overview

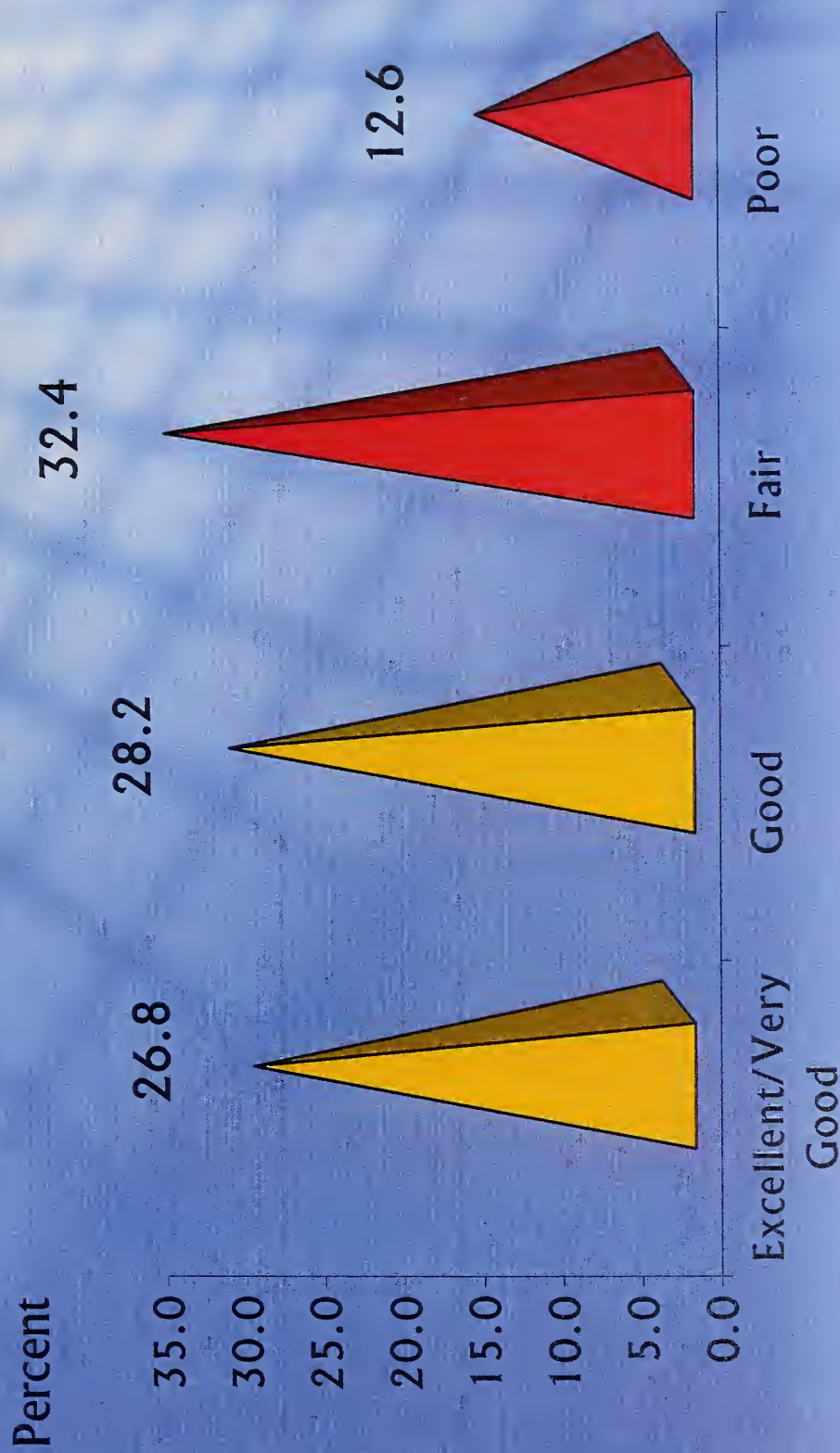
- **3.26 Million**
- **Projected to Increase**
- **Majority Live in the South (except Michigan)**
- **Two Thirds are Young Old (65-74 Years Old)**



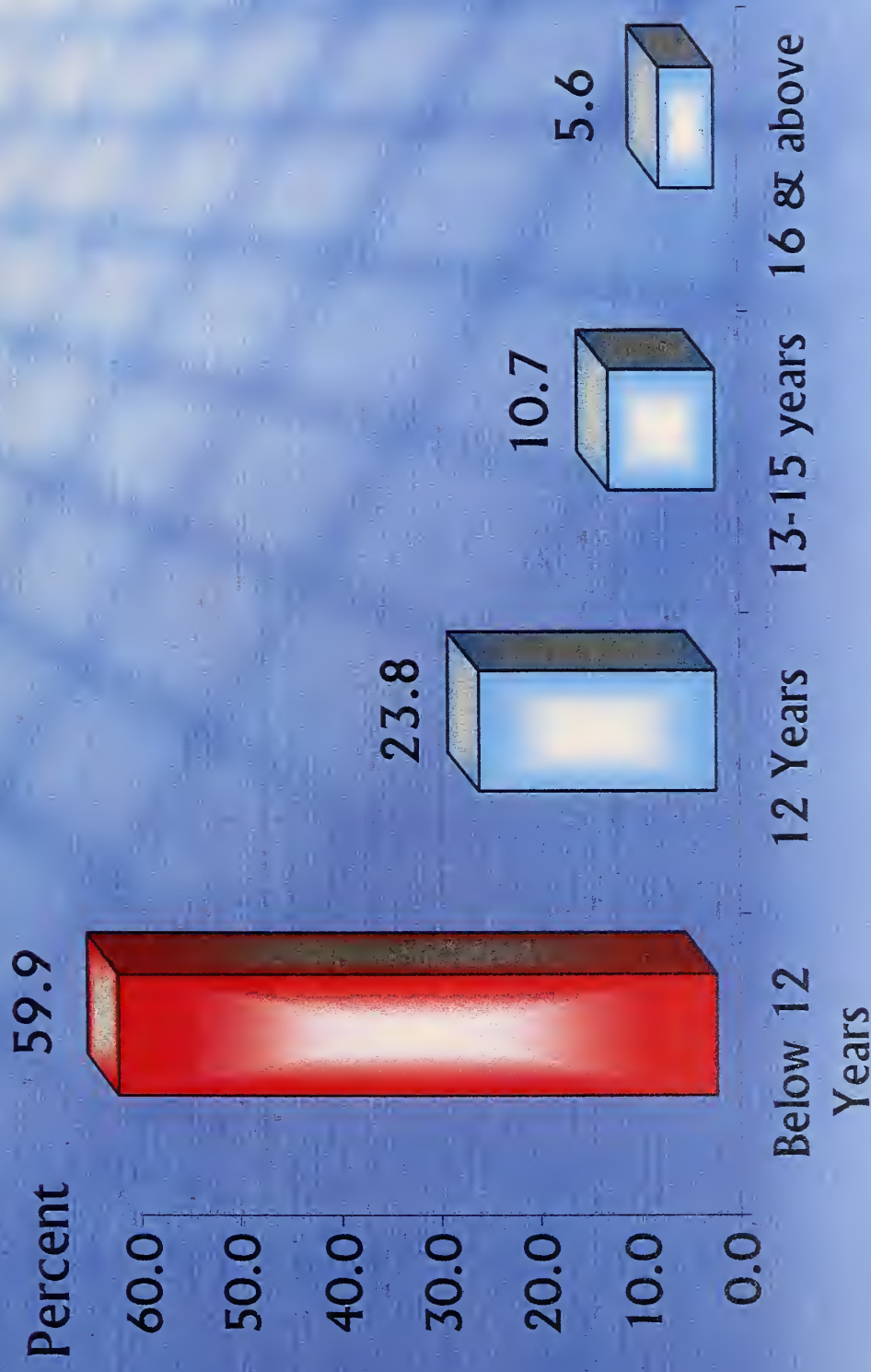
■ Aged ■ Disabled ■ ESRD



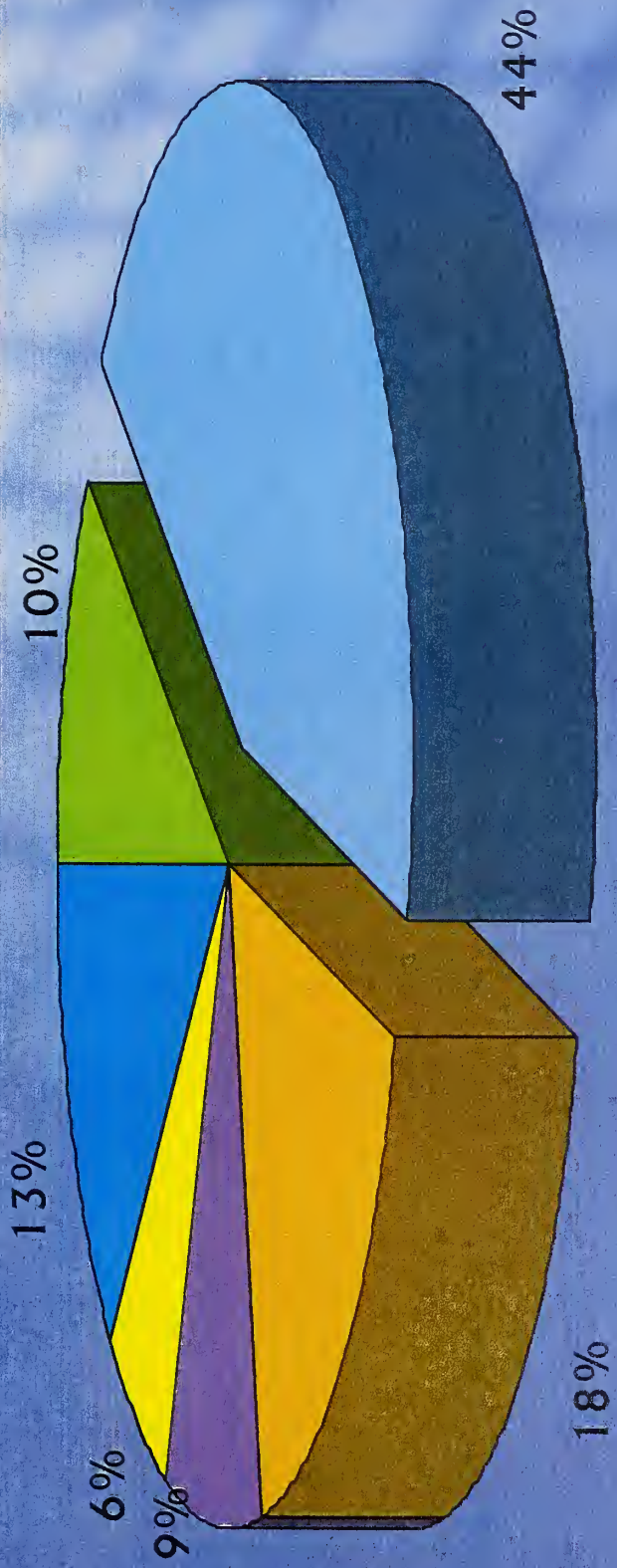
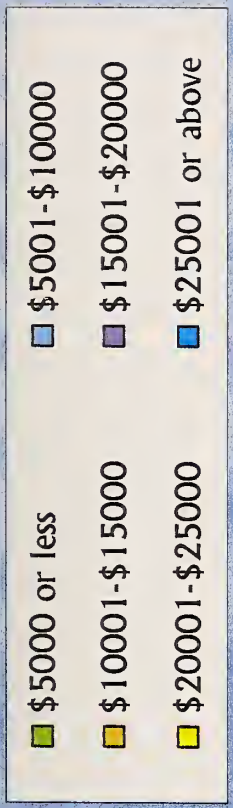
Medicare Status by Gender (MCBS 1998)



Health Status (MCBS 1998)

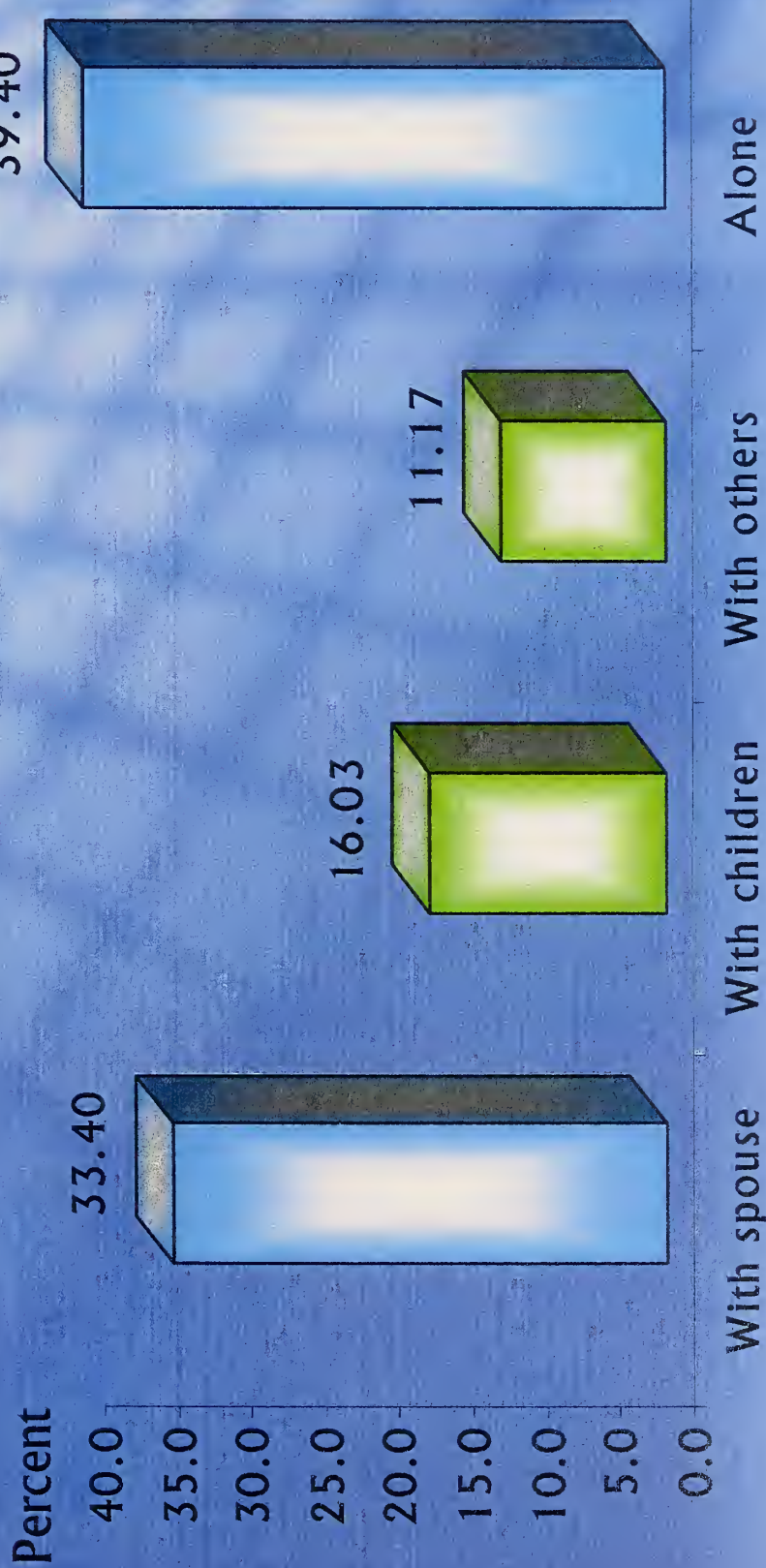


Educational Level (MCBS 1998)



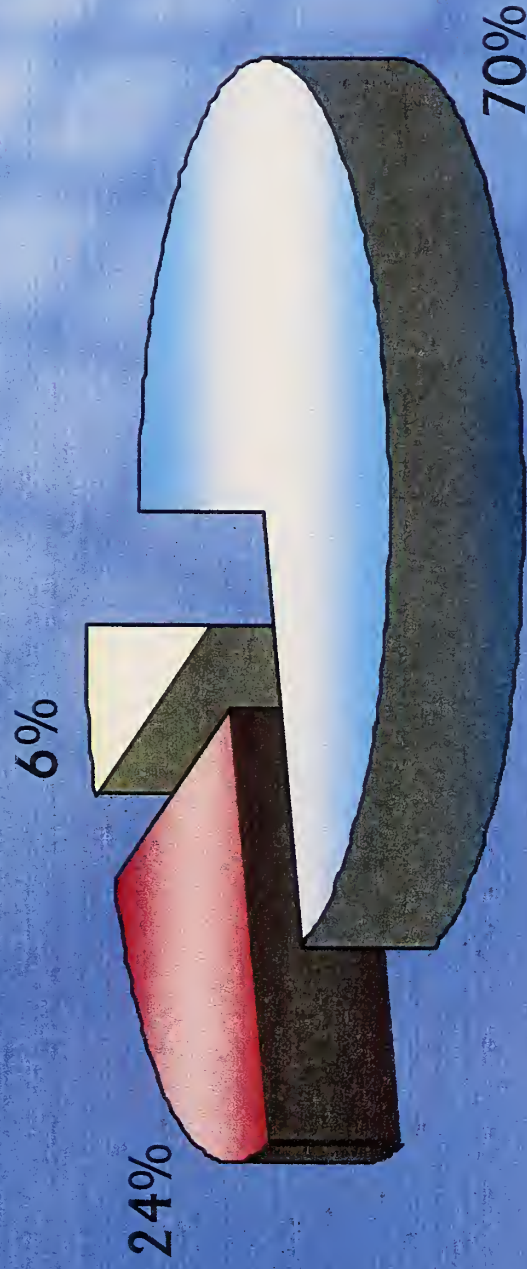
Income (MCBS 1998)

□ With spouse □ With children □ With others □ Alone



Living Arrangements (MCBS 1998)

☐ Makes Own ☐ Gets Help ☐ Someone Makes



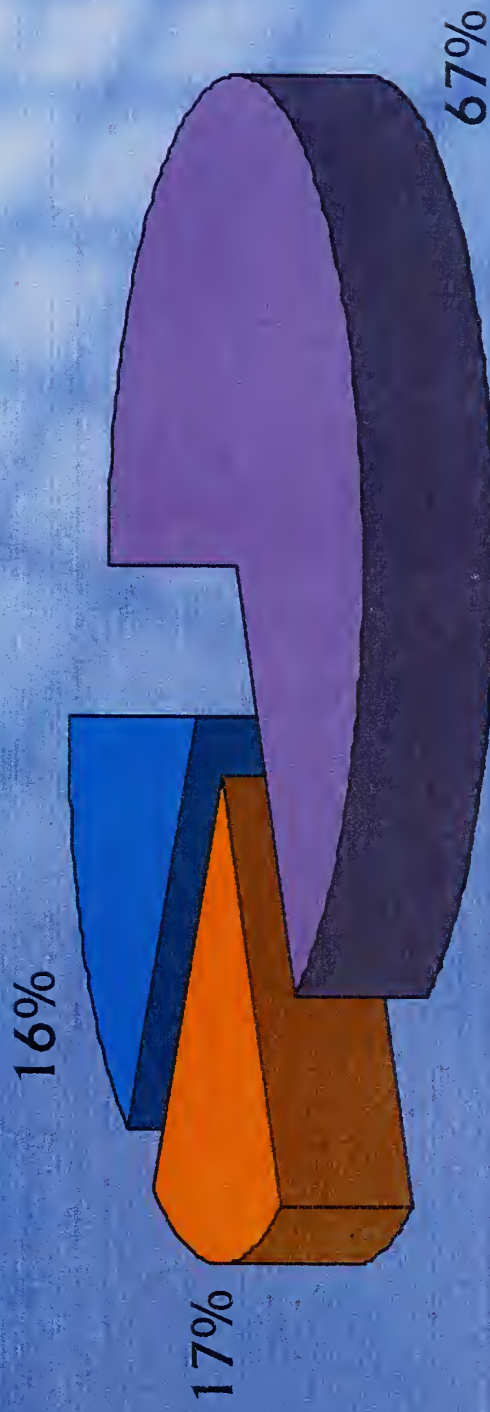
Decision Making about Health Insurance
(MCBS 1998)

■ Almost None ■ Know Some ■ Know Most



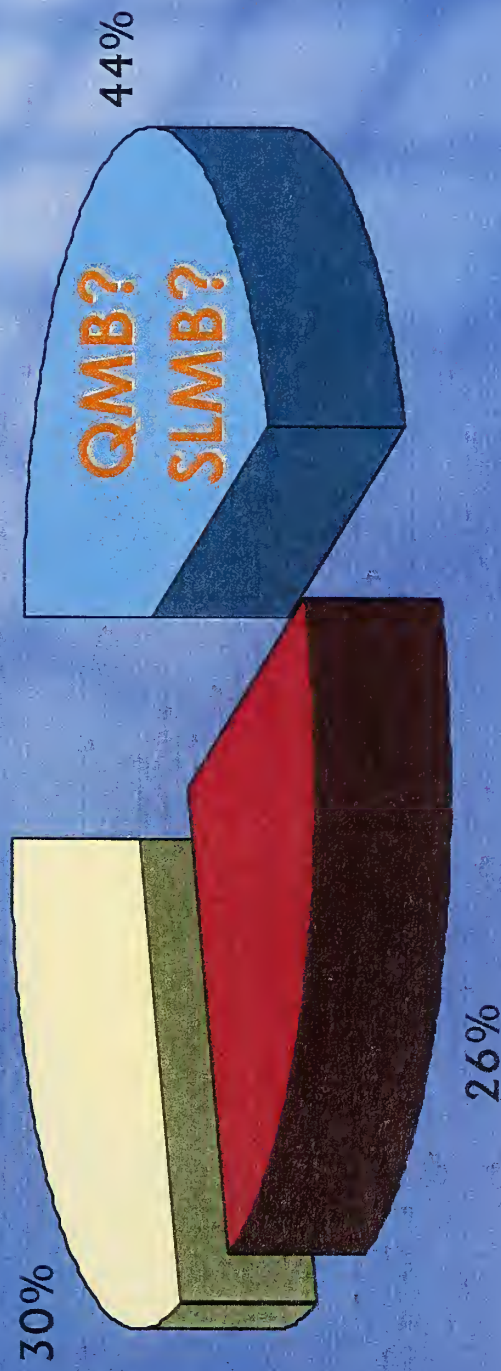
Knowledge Level of Medicare Services
(MCBS 1998)

■ Almost None ■ Know Some ■ Know Most

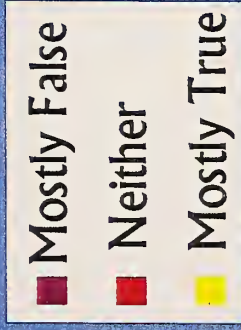


Knowledge of Medicare Managed Care Plans (MCBS 1998)

Low Medium High



Understanding of Medicare Programs (MCBS 1998)



Learn About Medicare Through Experience
(MCBS 1998)

Marketing to African Americans

- Explore the market using comprehensive research
- Use the right media mix
- Identify the nuances before going public
- Establish strong community ties
- Seek to empower as well as to “sell”

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